## Form **8937**

(December 2017)
Department of the Treasury
Internal Revenue Service

## Report of Organizational Actions Affecting Basis of Securities

► See separate instructions.

OMB No. 1545-0123

Part Re	porting Issuer		
1 Issuer's name			2 Issuer's employer identification number (EIN)
LMV Apache	Terrace REIT-DC, LP	81-2880861	
3 Name of cont	act for additional information	4 Telephone No. of contact	5 Email address of contact
GARY CUTSON		212-765-0043	support@a5reit.com
6 Number and street (or P.O. box if mail is not delivered to street address) of contra			
		0.11.0000	
8 Date of action	S LLC, 45 Rockefeller Plaza,	New York, NY 10111	
6/30/2023			
10 CUSIP number	er 11 Serial number	r(s) Preferred Shares 12 Ticker symbol	13 Account number(s)
TO COOM MANIE	J. Genariamse.	TE Hotel symbol	10 / cossan names (c)
Part II Org	janizational Action Atta	ach additional statements if need	ded. See back of form for additional questions.
	_	• •	r the date against which shareholders' ownership is measured for
the action ► The Issuer made distributions in excess of its current and accumulated earnings and profits as follows:  \$60.00/share on 6/30/2023			
\$60.00/Share on 6/30/2023			
	a percentage of old basis ▶		ne security in the hands of a U.S. taxpayer as an adjustment per ne basis of the security, to the extent thereof, in the amount
	_		e calculation, such as the market values of securities and the nings and profits were determined under IRC Section
		real estate investment trust.	
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

/s/ Gary A. Cutson for

Sign /s/ Gary A. Cutson for Here LMV Apache Terrace RE

Signature ► LMV Apache Terrace REIT-DC, LP Date ► January 30, 2024

Print your name ► Gary A. Cutson Title ▶ Agent Print/Type preparer's name Preparer's signature Date PTIN Paid Check | if self-employed **Preparer** Firm's name **Use Only** Firm's EIN ▶ Phone no. Send Form 8937 (including accompanying statements) to: Department of the Treasury, Internal Revenue Service, Ogden, UT 84201-0054